

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Anne Allen* County *Salisbury P.G. Hospital* *York* *Pocomo*

Died at *Salisbury P.G. Hospital* *York* *Pocomo* **MARYLAND**

Date of death 1909 *Sept.* *2nd* Age *14* *0* Months *—* Days *—*

Sex *Female* Color *Black* Birth-place *Not known*

Occupation *None* Where Residing if not at place of death *Pocomo City*

Married, Single or Widowed *Don't know* Name of Wife or Husband *—*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Mrs. Adamson Superintendent* How related to deceased *None*

CAUSES OF DEATH

114 ✓

PHYSICIAN
OR CORONER

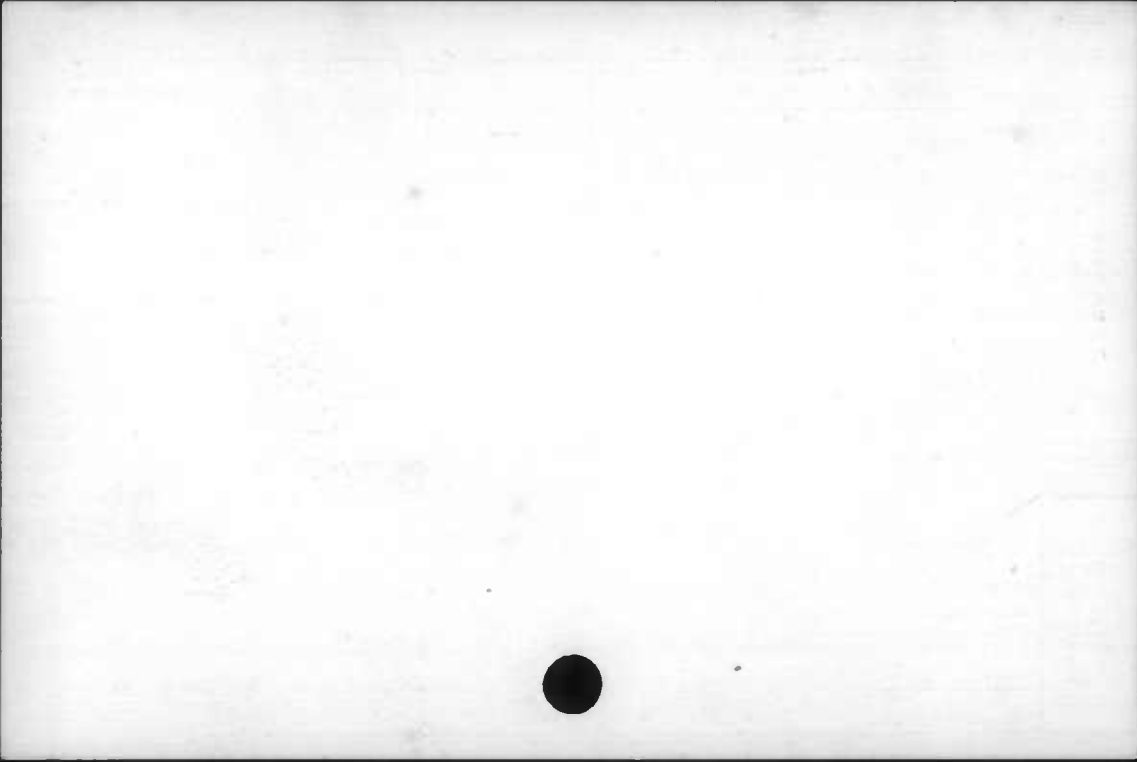
Primary *Cystic tumor of liver* How long *1 year*

Immediate *Shock following operation* How long *6 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes as obtainable*

Signature of Physician *J. Medner* Address *Salisbury Md*

Accident or Suicide *no*



Name
in
Full

Paul Bounds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Siloam Town Wicomico County **MARYLAND**

Date of death 1909 Sept. Month 18th Day 0 Age 5 Years 12 Months 12 Days

Sex Male Color or Race White Birth-place Siloam Wic. Co. Md.

Occupation _____ Where Residing if not at place of death _____

~~Married~~, Single
~~or Widowed~~

Name of Wife or
Husband _____Father's Name Daniel BoundsFather's Birthplace Wicomico Co. Md.Mother's Maiden Name Lottie SimmsMother's Birthplace " " "Name of person giving information Daniel BoundsHow related to deceased Father

CAUSES OF DEATH

Primary Inanition179
How long ✓

Immediate

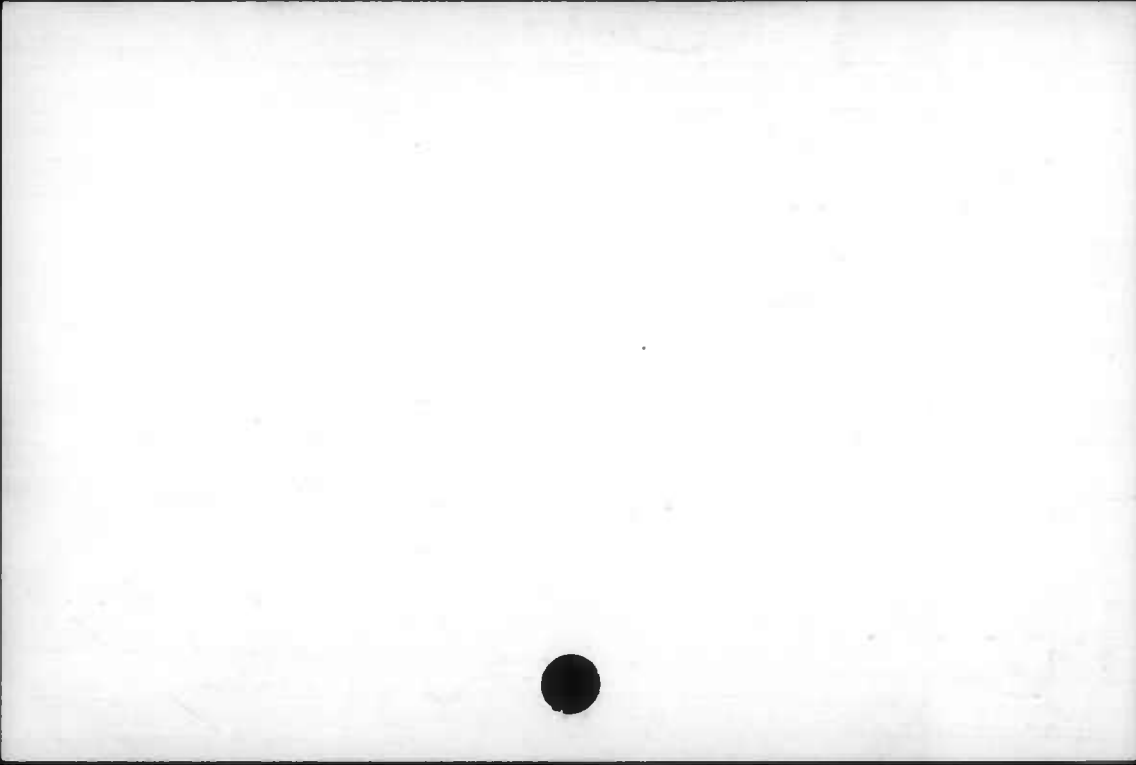
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician D. C. R. TrueAddress Salisbury Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Pauline Bounds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Near Siloam ^{County} Wicomico **MARYLAND**
Date of death 1909 ^{Month} Sept. ^{Day} 27th ^{Years} Age 0 ^{Months} 5 ^{Days} 21
Sex Female Color or Race White Birth-place Near Siloam Md.
Occupation _____ Where Residing if not at place of death _____

~~Married, Single~~ ~~or Widowed~~ Single Name of Wife or Husband _____
Father's Name Daniel Bounds Father's Birthplace Maryland
Mother's Maiden Name Lottie Simms Mother's Birthplace Near Siloam Md.
Name of person giving information Daniel Bounds How related to deceased Father

CAUSES OF DEATH

Primary Inanition

(179) ✓
How long

Immediate

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

C. R. Frenck M.D.
Salisbury Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
In
Full

Grace Budd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} near *Mardela*^{County} *Wicomico*

MARYLAND

Date of death ^{Month} *Sept-* ^{Day} *19th* ^{Years} *1909*Age *22* ^{Months} *8* ^{Days}Sex *Female*Color or Race *White*Birth-place *Ind*Occupation *Nurse*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Wm H Budd*Father's Birthplace *Ind*Mother's Maiden Name *Emily Jackson*Mother's Birthplace *Ind*Name of person giving information *Wm H Budd*How related to deceased *Father*

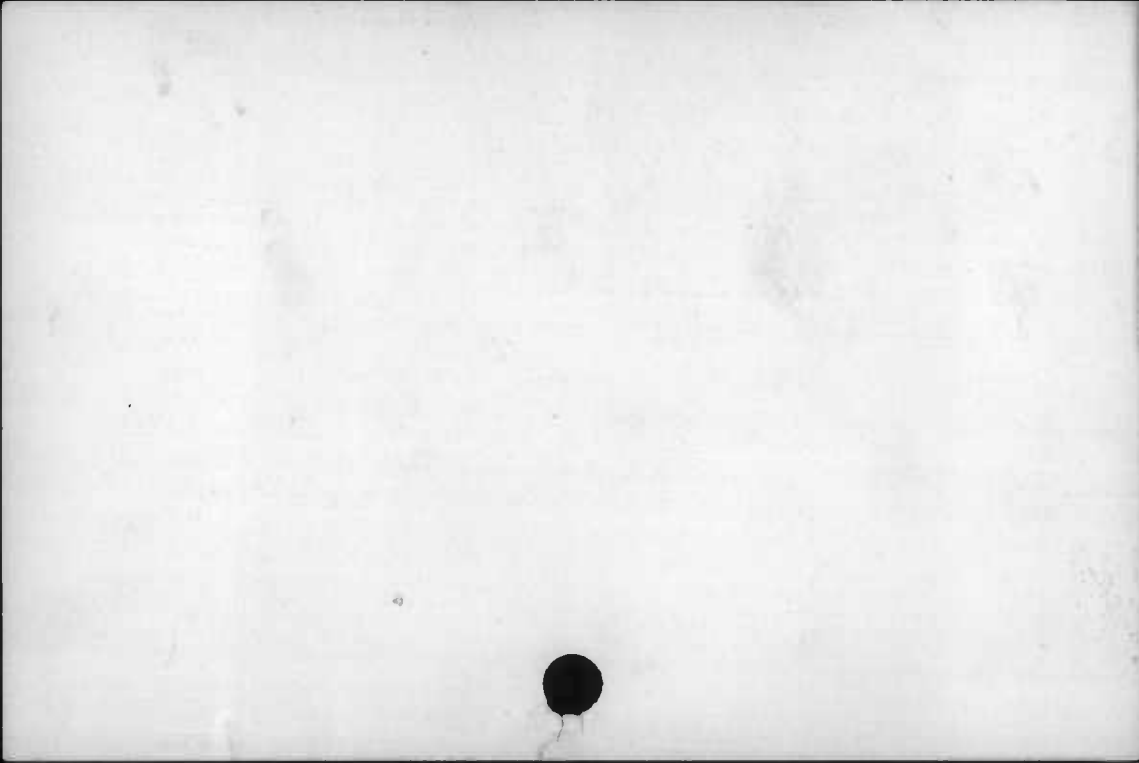
CAUSES OF DEATH

27

PHYSICIAN
OR CORONERPrimary *Tuberculosis of Lung*How long *2 yrs*Immediate *Gradual extinction*How long *4 wks*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *H H J med.*

Accident or Suicide?

Address *Ind*



Name
in
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

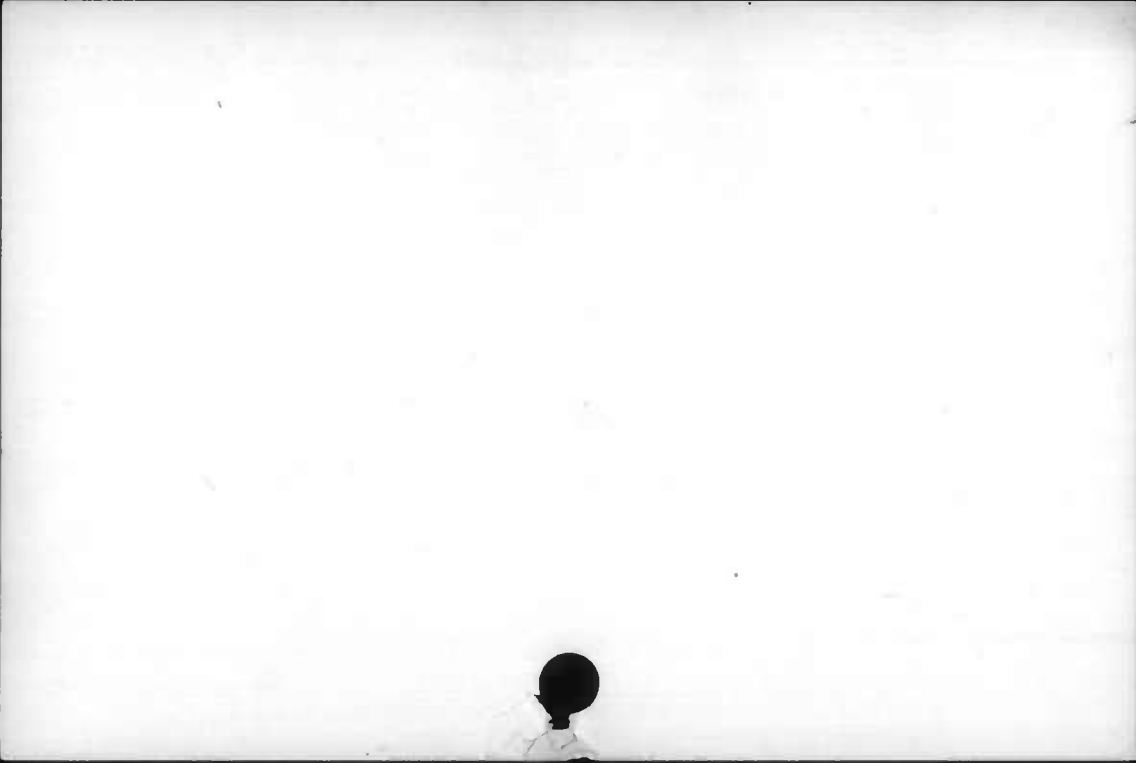
Died at		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death		Month <i>Sept</i>	Day <i>12</i>	Age <i>0</i>	Years <i>9</i>	Months <i>20</i>	Days <i>20</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Salisbury Md.</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death <i>Salisbury Md.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Geo. W. Byrd</i>		Father's Birthplace <i>Wicomico Co. Md.</i>					
Mother's Maiden Name <i>J. Edith Nelson</i>		Mother's Birthplace <i>Hebron Md.</i>					
Name of person giving Information <i>J. Edith Byrd</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Infant</i>	How long <i>several months</i>
Immediate <i>Collapse</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis W. W. W. W.</i>
Address <i>Salisbury Md.</i>	
Accident or Suicide	



Name
in
Full

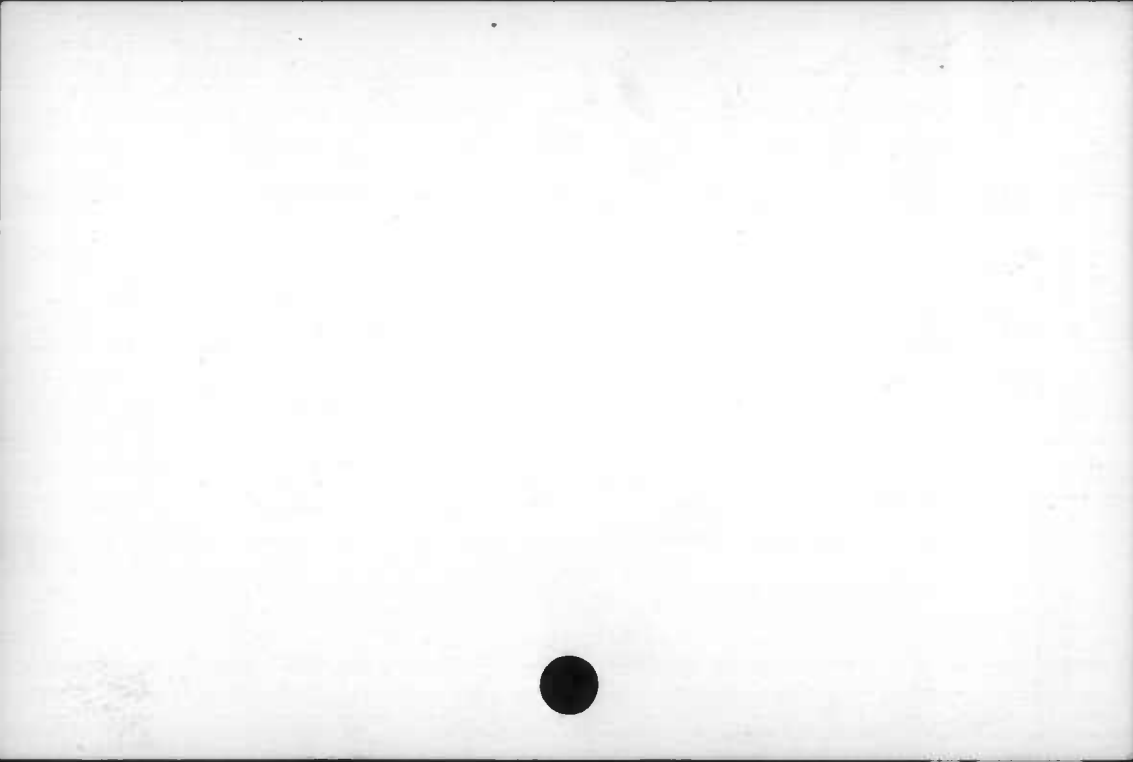
CERTIFICATE OF DEATH

Ma Collins

Died at <i>The P.G. Hospital Salisbury Wicomico</i>		County		MARYLAND	
Date of death	1909	Month	Sept.	Day	4th
Age	29	Years		Months	2
				Days	14
Sex	<i>Female</i>		Color or Race	<i>Black</i>	
Occupation	<i>Housework</i>		Birth-place	<i>Somerset Co. Md.</i>	
Where Residing if not at place of death			<i>Farmount " "</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Nutter Collins</i>			Father's Birthplace	<i>Som. Co. Md.</i>
Mother's Maiden Name	<i>Henrietta Turpin</i>			Mother's Birthplace	<i>" " "</i>
Name of person giving Information	<i>Nutter Collins</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

Primary	<i>Typhoid fever</i>	How long	<i>from history 3 weeks</i>
Immediate	<i>Intestinal hemorrhage</i>	How long	<i>2 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. M. Davis</i>	
Address		<i>Salisbury Md</i>	
Accident or Suicida		<i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Clifford L. Dornian* Town *Salisbury* County *Wicomico*
Died at *Salisbury*
Date of death 190 *9* Month *Sept* Day *23* Age *17* Years *11* Months *26* Days
Sex *male* Color or Race *Black* Birth-place *Md*
Occupation *none* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband
Father's Name *John S Dornian* Father's Birthplace *Md*
Mother's Maiden Name *Minnie Johnson* Mother's Birthplace *Md*
Name of person giving Information *John S Dornian* How related to deceased *Father*
CAUSES OF DEATH *10*

PHYSICIAN
OR CORONER

Primary *La grippe & Pneumonia* How long *4 days*
Immediate *Endocarditis (heart failure)* How long *30 minutes*
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *B. M. Potter* Address *Salisbury Md.*
Accident or Suicide



Name
in
Full

Lola P. Dykes

CERTIFICATE OF DEATH

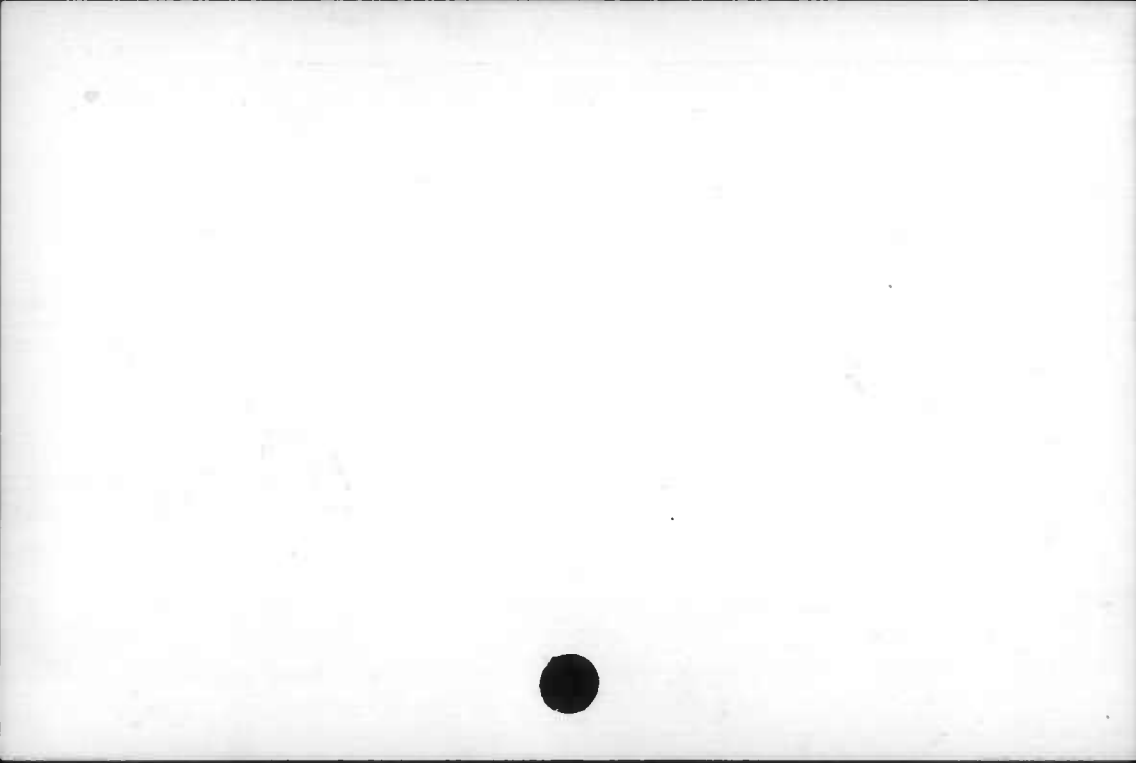
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1909</i>	<i>Sept.</i>	<i>11th</i>	<i>14</i>	<i>11</i>	<i></i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Near Salisbury Md.</i>		
Occupation <i>School Girl</i>		Where Residing if not at place of death <i>Near Salisbury Md.</i>			
Married, Single or Widowed		Name of Wife or Husband <i>None</i>			
Father's Name <i>Ernest P. Dykes</i>			Father's Birthplace <i>Wicomico Co. Md.</i>		
Mother's Maiden Name <i>Carrie Pryor</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving Information <i>Ernest P. Dykes</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>3 weeks</i>
Immediate	<i>Toxaemia</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Lou W. ...</i>	
		Address <i>On ...</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary M. Looke*
Died at *near Salisbury* County *Wicomico*
Date of death 190 *8* Sept, 15 Age *56*

Sex *Female* Color or Race *white* Birth-place *Md.*
Occupation *Housework* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of ~~Wife~~ Husband *George W. Looke*
Father's Name *Edward Scott* Father's Birthplace *Md.*

Mother's Maiden Name *Atlanta Russell* Mother's Birthplace *Md.*

Name of person giving Information *George W. Looke* How related to deceased *Husband*
CAUSES OF DEATH *131* ✓

PHYSICIAN
OR CORONER

Primary *Ovarian Tumor* How long *8 months*

Immediate *Exhausted Vitality* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

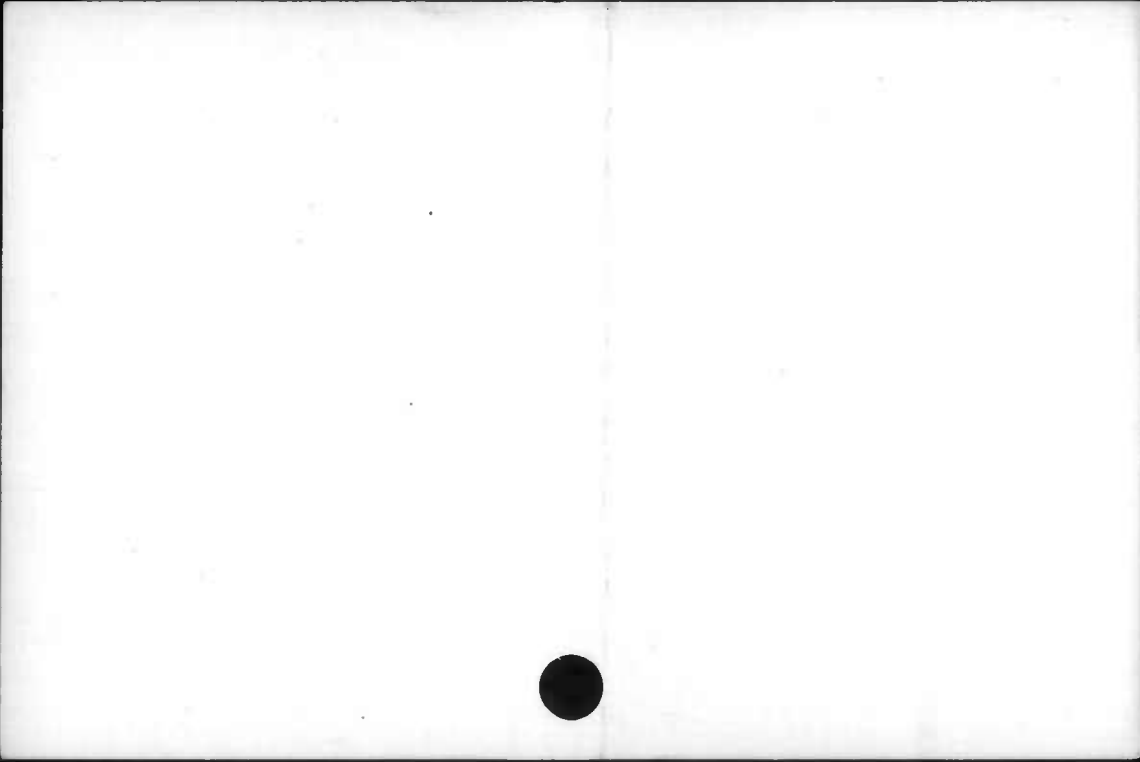
Signature of Physician

Address

Wicomico
Accident or Suicide *Neither*



Dr. Geo. H. Smith
Parsonsbury
Maryland



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sylvester Gordy* Town *near Sehnar* County *Bicomic* **MARYLAND**

Died at *near Sehnar*

Date of death 190 *9* Month *Sept* Day *29* Age *8* Years Months *2* Days *1*

Sex *male* Color or Race *Colored* Birth-place *md*

Occupation *Infant* Where Residing if not at place of death *Sehnar*

Married, Single or Widowed *Infant* Name of Wife or Husband *Infant*

Father's Name *Jerome Gordy* Father's Birthplace *md*

Mother's Maiden Name *Berta Clark* Mother's Birthplace *"*

Name of person giving Information *Jerome Gordy* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid Fever* How long *5 weeks*

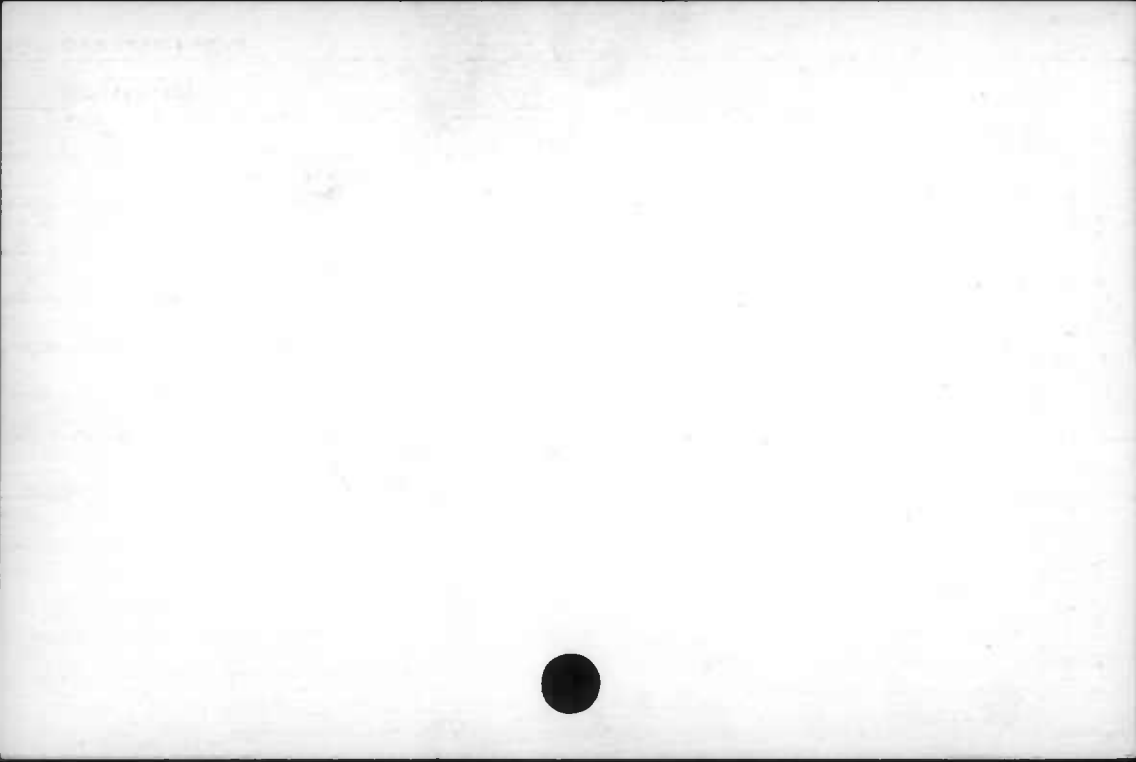
Immediate *Pneumonia* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *James W. [unclear]*

Address *Sehnar Del*

Accident or Suicide *7*



Name
in
Full

Lillian Steward Goslee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Near Hebron</i>		^{County} <i>Wicomico</i>		MARYLAND	
Date of death	1909	Month	<i>Sept</i>	Day	21
Age	—		Years	Months	6
Sex	<i>Female</i>		Color or Race	<i>Black</i>	
Occupation	<i>None</i>		Birth-place	<i>Wicomico Co</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>None</i>	
Father's Name	<i>Benjamin Goslee</i>		Father's Birthplace	<i>Quantico Md</i>	
Mother's Maiden Name	<i>Martha Hull</i>		Mother's Birthplace	<i>Mardela Md</i>	
Name of person giving Information	<i>Benny Goslee</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

105



PHYSICIAN
OR CORONER

Primary	<i>Diarrhea</i>	How long	<i>2 days</i>
Immediate	<i>convulsions</i>	How long	<i>2 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		
Signature of Physician	<i>Chas L. English</i>		
Address	<i>Mardela Springs Maryland</i>		
Accident or Suicide			

Coroner



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Annie E. Graham* Town *Typhini* County *Wicomico* MARYLAND

Died at *Typhini* Date of death *1909* Month *Sept* Day *7* Age *40* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housekeeper* Where Residing if not at place of death *Typhini*

Married, Single or Widowed *Married* Name of Wife or Husband *Henry W. Graham*

Father's Name *William Langball* Father's Birthplace *Maryland*

Mother's Maiden Name *Mary Absolom* Mother's Birthplace *"*

Name of person giving Information *Henry W. Graham* How related to deceased *Husband*

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

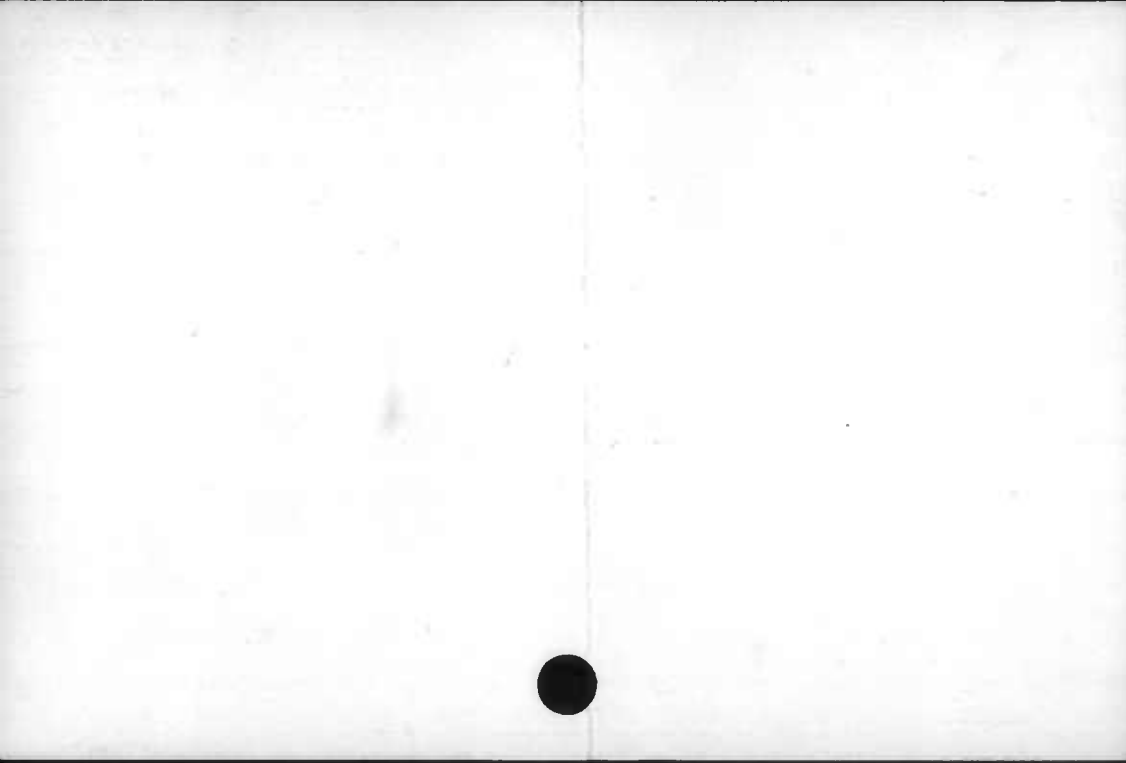
Primary *Cancer, Breast & uter* How long *8 months*

Immediate *Spont. & Perist.* How long *10 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Gardiner Spring M.D.* Address *Salisbury Md*

Accident or Suicide *No.*



Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name: *Amelia E. Hopkins*
 Town: *Belmor* County: *Wicomico* MARYLAND
 Died at
 Date of death: *1909* Month: *9* Day: *18* Age: *80* Months: *1* Days: *17*
 Sex: *Male* Color or Race: *White* Birth-place: *Delaware*
 Occupation: *House Keeper* Where Residing if not at place of death:
 Married, Single or Widowed: *Widowed* Name of Wife or Husband: *Washington Hopkins*
 Father's Name: *Chas. Marvin* Father's Birthplace: *Delaware*
 Mother's Maiden Name: *Charity Adams* Mother's Birthplace: *Delaware*
 Name of person giving information: *George W. Elliott* How related to deceased: *Similar*

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary: *Cancer of Bowels* How long: *one year*
 Immediate: *Cancer of Bowels* How long: *one year*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician: *Robert Elligood M.D.*
 Address: *Delmar Del*
 Accident or Suicide?

LIBRARY BUREAU 40844

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDJohn Huffington
Town Allen County

MARYLAND

Died at Allen, Kentucky
Date of death 1909 September 12 Age 71
Month September Day 12 Year 1909
Month 9 Days 19

Sex male Color or Race white Birthplace Mandella Springs

Occupation Carpenter Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Carrie E. Huffington

Father's Name James Huffington

Father's Birthplace Mandella

Mother's Maiden Name Rutah G. Gales

Mother's Birthplace Quantico

Name of person giving Information C. R. Huffington

How related to deceased daughter

CAUSES OF DEATH

Primary Chronic Nephritis

How long 12 Months

Immediate Heart Failure

How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. Gardiner Spring

Address Salisbury Md

Accident or Suicide No

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Infant Jones
Shaptown Nicomiso

MARYLAND

Died at

Date

of death

1909

Month

Sept

Day

30

Age

Years

Months

Days

73

Sex

Female

Color or
Race

White

Birth-
place

Shaptown

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John Jones

Father's
Birthplace

Del

Mother's
Meiden Name

Mary E Fletcher

Mother's
Birthplace

Near. Riverton

Name of person giving
Information

Mary E. Jones

How related
to deceased

Mother.

CAUSES OF DEATH

Primary

General weakness

How long

6 days

Immediate

Cardiac failure

How long

Instantly

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

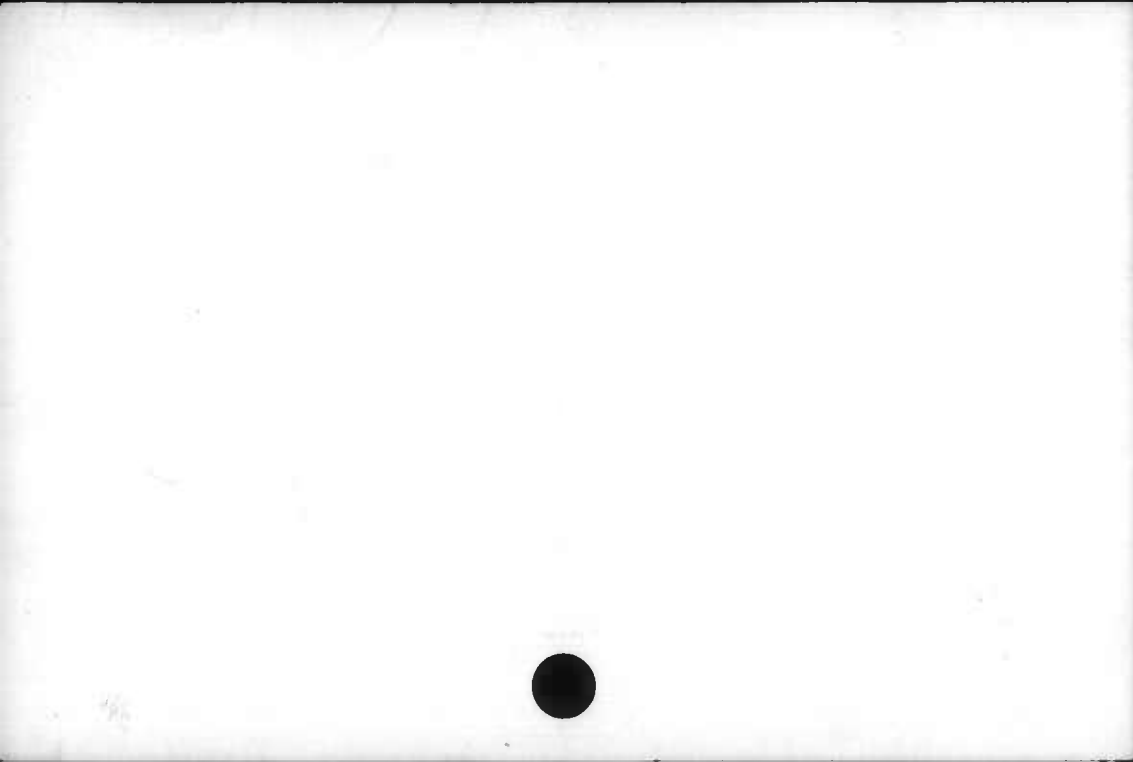
Address

Wm H. Greenway M.D.
Shaptown

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ebenezer Leatherbury

Town County

Died at Salisbury Wicomico

MARYLAND

Date of death 1909 Sept 2 P. Age 86

Month Day Years Months Days

Sex male Color or Race Black Birth-place Md

Occupation Farmer Where Residing if not at place of death Wicomico Co.

Married, Single or Widowed Name of Wife or Husband Sallie Leatherbury

Father's Name Benjamin Leatherbury Father's Birthplace Md

Mother's Maiden Name Do not know Mother's Birthplace Leithyow

Name of person giving Information Sallie Leatherbury How related to deceased Wife

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary Arterio-sclerosis (General) How long Several months

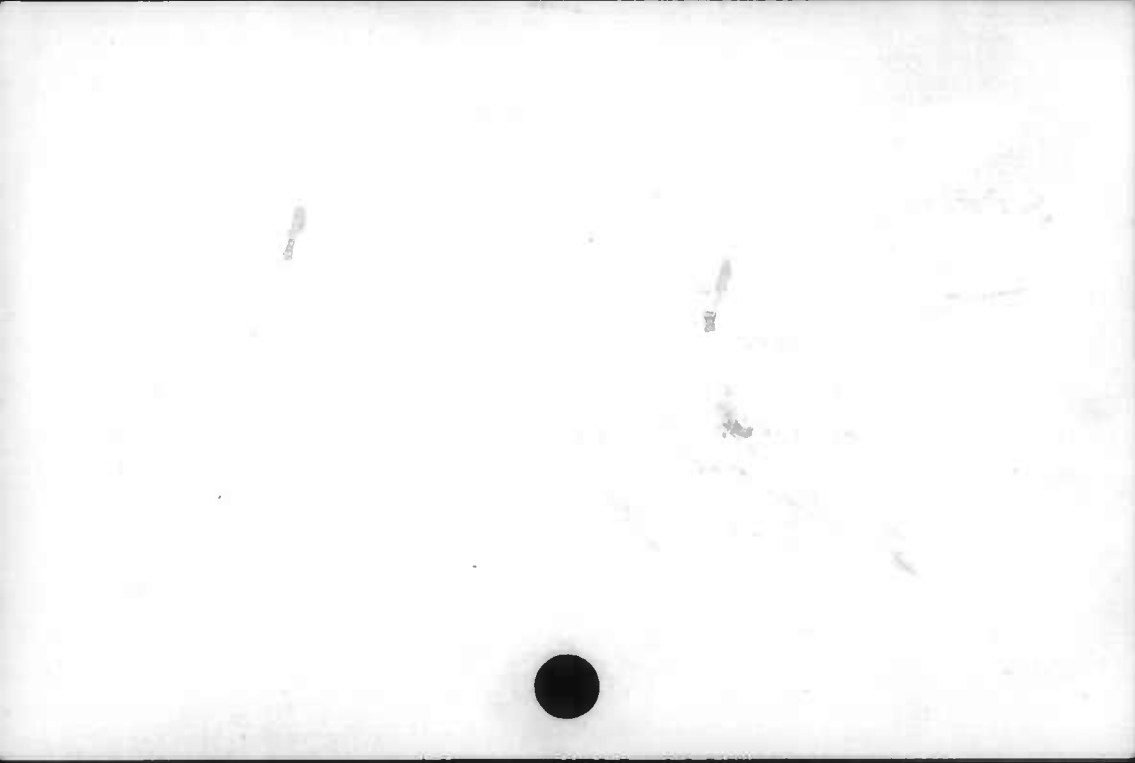
Immediate Cause Auto-intestinal infarction How long Few days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Louis W. W. M.D.

Address Salisbury Md.

Accident or Suicide



Name
in
Full

Amanda B. Lewis

CERTIFICATE OF DEATH

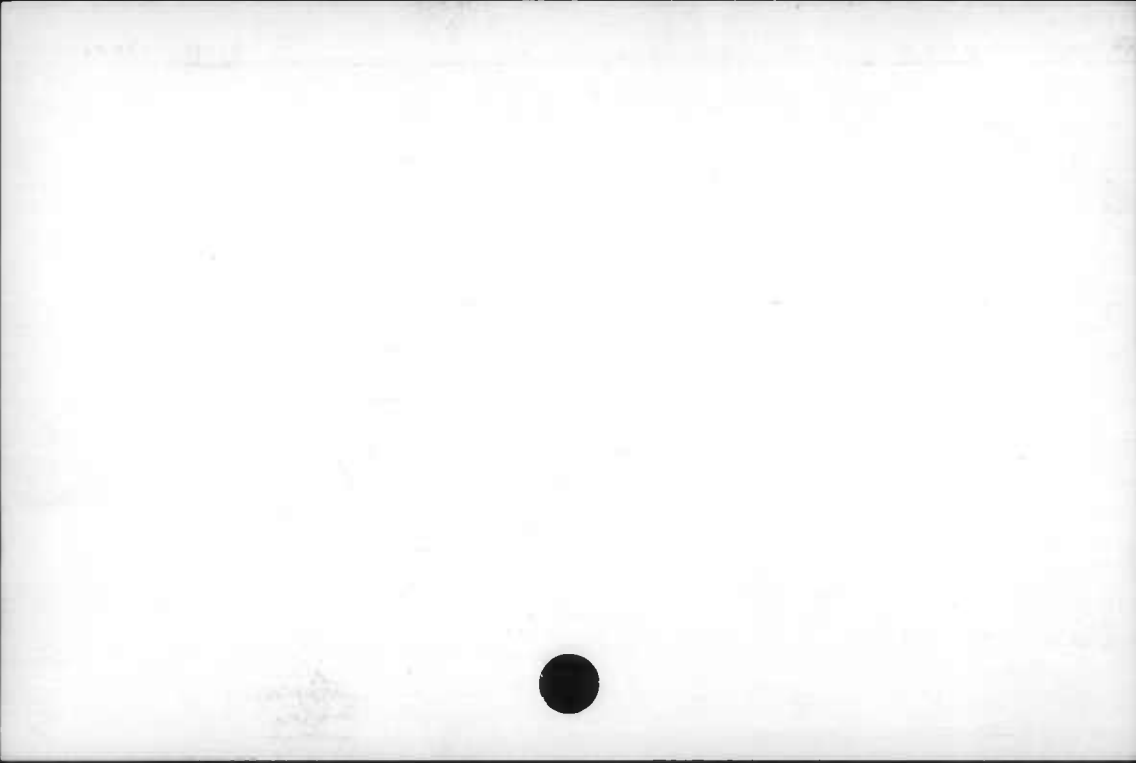
Died at		Town		County		MARYLAND	
The P. G. Hospital		Salisbury		Wicomico			
Date of death	1909	Month	Sept.	Day	6 th	Years	46
						Months	4
						Days	0
Sex	Female	Color or Race	White	Birth-place	Worcester Co. Md.		
Occupation	Housewife		Where Residing if not at place of death		Snow Hill Md.		
Married, Single or Widowed	Married		Name of Wife or Husband		Wm S. Lewis		
Father's Name	James Lewis		Father's Birthplace		Worcester Co. Md.		
Mother's Maiden Name	Martha Davis		Mother's Birthplace		" " "		
Name of person giving information	Wm S. Lewis		How related to deceased		Husband		

CAUSES OF DEATH

106

✓

Primary	Perforating ulcer ascending colon		How long	3 or 4 days
Immediate	Shock & Peritonitis		How long	1 or 2 hours
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		M. L. Davis		
Address		Salisbury Md		
Accident or Suicide		No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant no name (Lennis)
Died at Salisbury Wheeler County MARYLAND
Date of death 190 9 Sept 17 Age 2 1/2 Months 25 Days
Sex male Color or Race white Birth-place Salisbury Md
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name James Lennis Father's Birthplace Md
Mother's Maiden Name Eda Clark Mother's Birthplace Md
Name of person giving Information James Lennis How related to deceased Father
CAUSES OF DEATH 151

PHYSICIAN
OR CORONER

Primary non-assimilation of food How long 3 weeks
Immediate Starvation How long Few days
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician [Signature]
Address Salisbury Md
Accident or Suicide No



Name
in
Full

George W. Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Disd et		Town		County		MARYLAND	
Near Mt. Herman		Wicomico					
Date of death		Month	Day	Years	Months	Days	
1909		Sept.	13 th	Age 69			
Sex		Color or Race		Birth-place			
Male		White		Wicomico Co. Md.			
Occupation		Where Residing if not at place of death					
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Martha E. Mills					
Father's Name		Father's Birthplace					
Sidney H. Mills		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Nancy Williams		Delaware					
Name of person giving Information		How related to deceased					
Ebenezer L. Walston		Brother in Law					

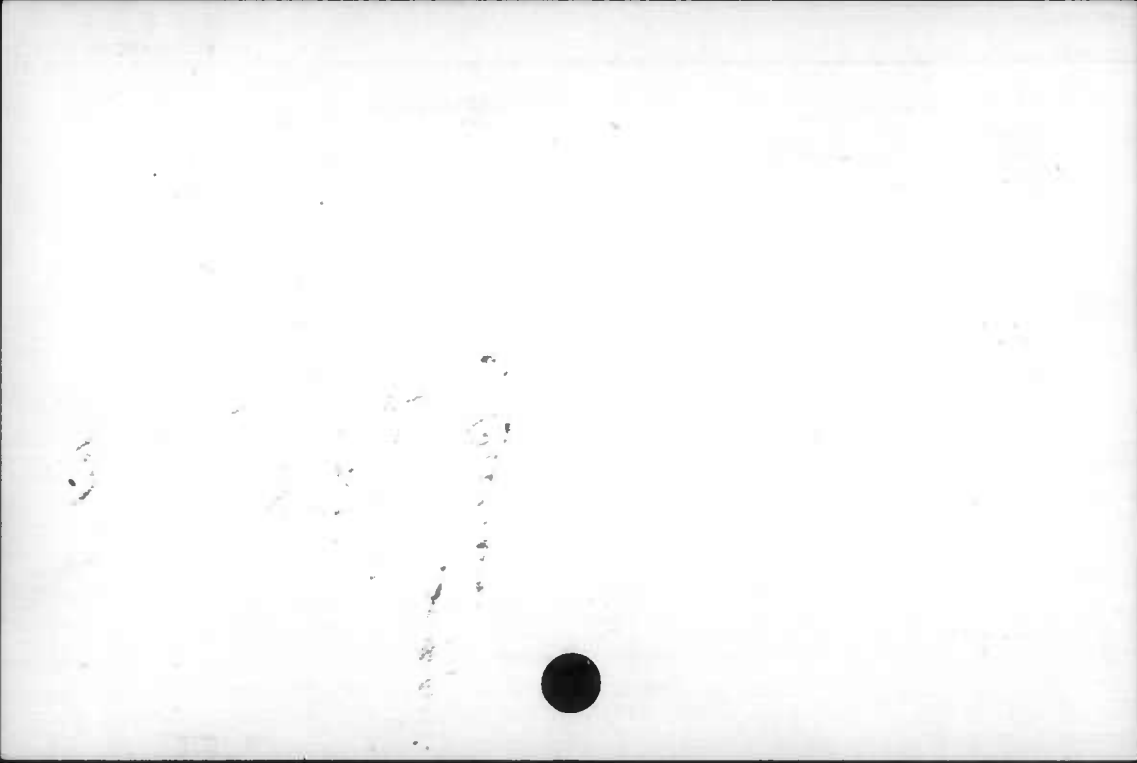
CAUSES OF DEATH

39

V

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Supposed to be Cancer of lip			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		W. R. Fader Jr	
		Address	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lessie Morris

Died at *Salisbury* Town *Wicomico* County **MARYLAND**

Date of death 190 *9* Month *Sept* Day *17* Age *2* Years Months *2* Days *17*

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation _____ Where Residing if not at place of death _____

Married, Single _____ or Widowed _____ Name of Wife or Husband _____

Father's Name *James T. Morris* Father's Birthplace *MD*

Mother's Maiden Name *Mrs. D. Brumby* Mother's Birthplace *MD*

Name of person giving Information *James T. Morris* How related to deceased *Son*

CAUSES OF DEATH

106

✓

Primary *Acute Colitis* How long *from history 6 weeks.*

Immediate *Exhaustion* How long _____

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician

Address

J. W. Rott
Salisbury M.D.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in Full

Laura Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Rushaway ^{County} Wisconsin ^{MARYLAND}

Date of death 190 ^{Month} 9 ^{Day} Sept 17 ^{Years} 17 ^{Months} 11 ^{Days}

Sex Female Color or Race Black Birth-place Md

Occupation Housework Where Residing if not at place of death

Married, ~~yes~~ or ~~no~~ Name of Wife or Husband George P Morris

Father's Name Ebe Hudson Father's Birthplace Md

Mother's Maiden Name Martha Hudson Mother's Birthplace Md

Name of person giving information George P Morris How related to deceased Husband

CAUSES OF DEATH

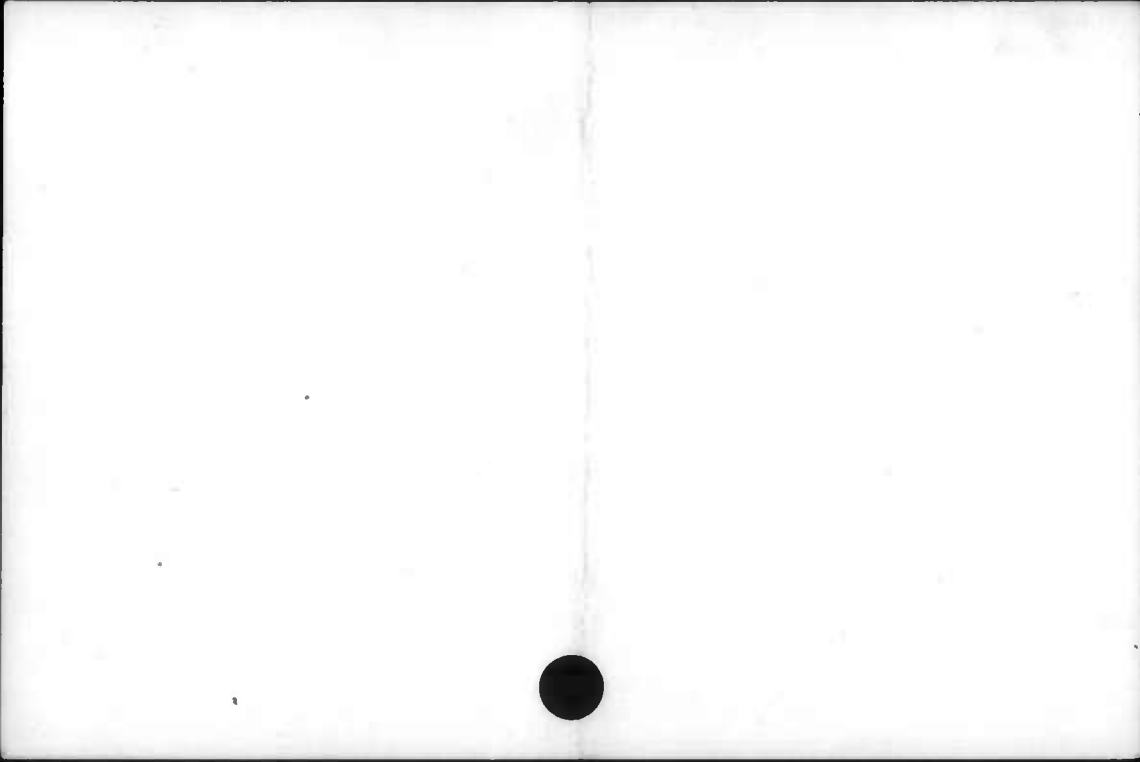
Primary How long 119 2 weeks

Immediate Acute Bright's Disease How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician H. C. Cornaway

Address Hebron Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death	190 <i>9</i> ^{Month}	<i>Sept</i> ^{Day}	<i>2</i> ^{Age}	<i>2</i> ^{Years}	<i>—</i> ^{Months}
Sex	<i>male</i>	Color or Race	<i>free colored</i>	Birth-place	<i>Salisbury</i>
Occupation			Where Residing if not at place of death	<i>114 E. London Ave</i>	
Married, Single or Widowed	<i>no</i>	Name of Wife or Husband			
Father's Name	<i>Thomas Penhett</i>			Father's Birthplace	<i>Salisbury</i>
Mother's Maiden Name	<i>Ida M. Parker</i>			Mother's Birthplace	<i>Wicomico</i>
Name of person giving information	<i>ll</i>	<i>ll</i>	<i>ll</i>	How related to deceased	<i>mother</i>

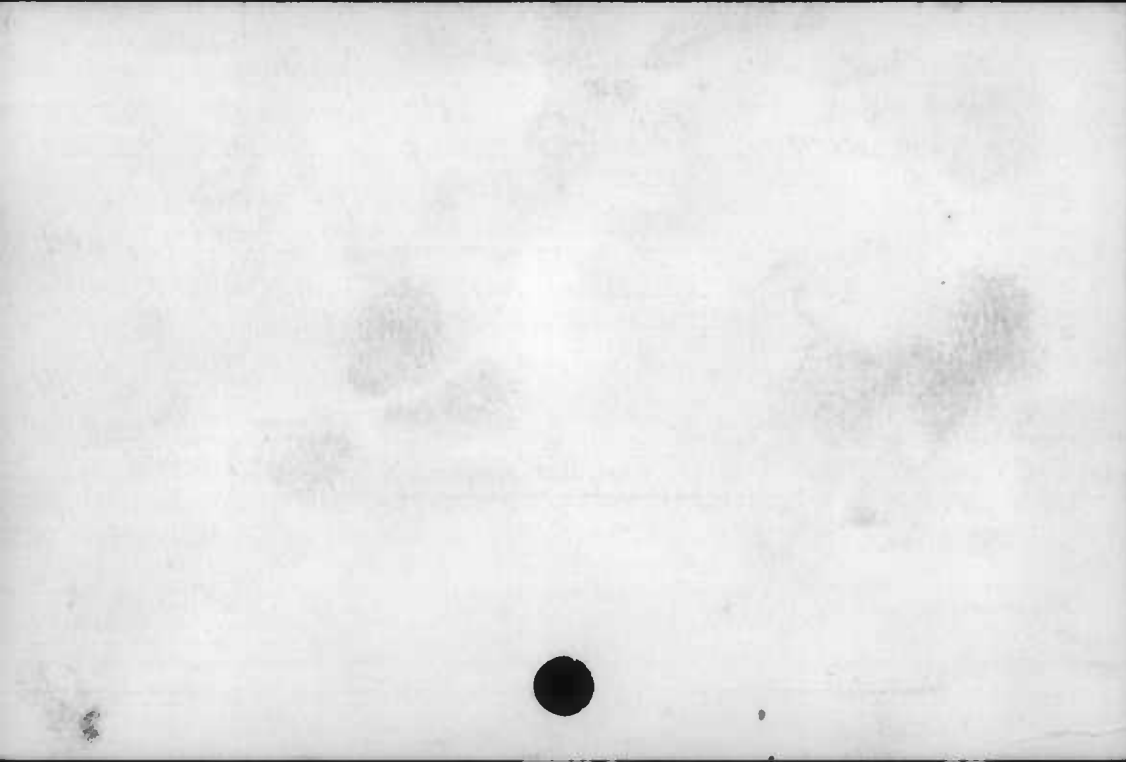
CAUSES OF DEATH

106

✓

PHYSICIAN
OR CORONER

Primary	<i>Enter. Colitis</i>	How long	<i>3 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>few hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>[Signature]</i>
	<i>is obtainable</i>	Address	<i>Salisbury, Md</i>
Accident or Suicide?	<i>no</i>		



**TO BE ANSWERED BY
NEAREST FRIEND**

CERTIFICATE OF DEATH

Date of death	1909	Month	Sept.	Day	15	Years		Months	
				Age	not known				

Sax	Male	Color or Race	Amer. Cold	Birth-place
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Occupation	Farmer	Where Residing if not at place of death	
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Married, Single or Widowed Married Name of Wife or Husband Doris Kuro

Father's Name	Don't Know	Father's Birthplace	Don't Know
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Mother's Maiden Name	Clarissa Porter	Mother's Birthplace	Shaw Hill, Mass
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Name of person giving Information	Alice A. Bennett	How related to deceased	Not related
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CAUSES OF DEATH

79

Primary	How long
nitral insufficiency	2 years

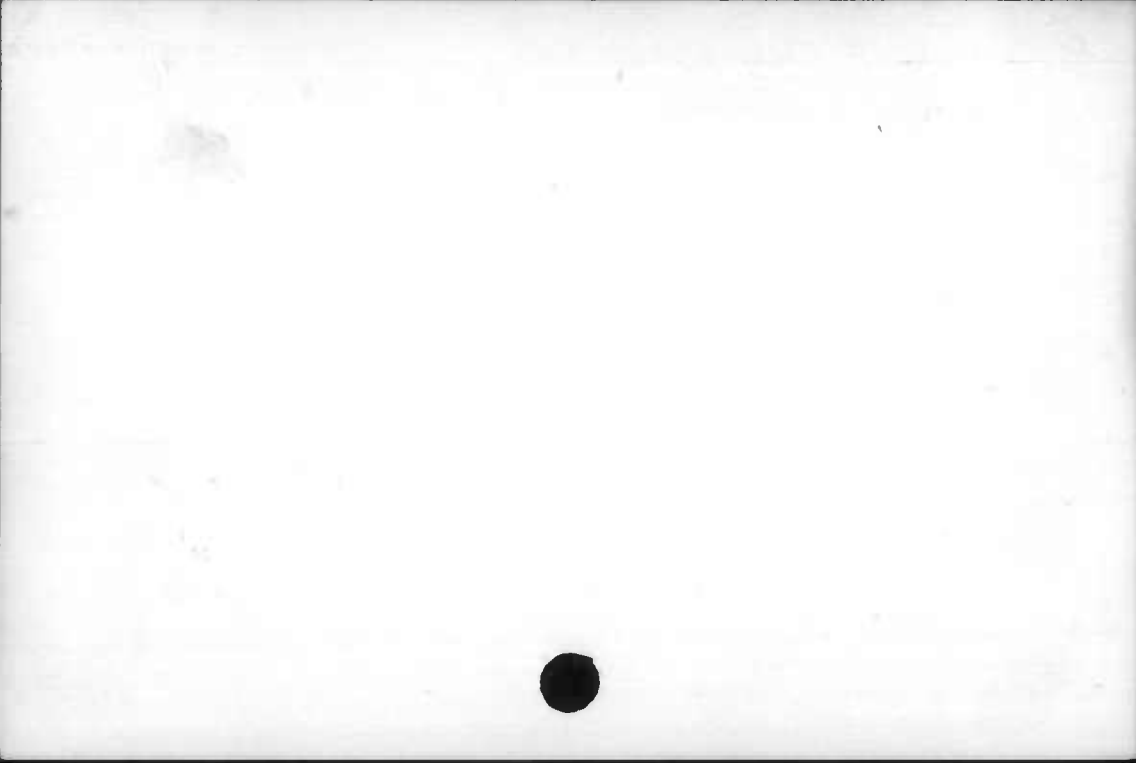
Immediate	Pulmonary edema	How long	few hours
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Are the name, age, sex, color, date of birth, and place correctly given above? *L. H. Kraus* Signature of Physician

Address *Salisbury, Md*

Accident or Suicide *220*

PHYSICIAN
OR CORONER



Name
in
Full

Elias F. Robertson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death		1909	Month Sept.	Day 4 th	Age	60	Months 0
Sex		Male		Color or Race		White	
Occupation		Teacher		Birth place		Wicomico Co. Md.	
Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		Ella Robertson	
Father's Name		Samuel Robertson		Father's Birthplace		Maryland	
Mother's Maiden Name		Ara Jane Larmore		Mother's Birthplace		Bella	
Name of person giving Information		A. H. Robertson		How related to deceased		Son	

CAUSES OF DEATH

27

✓

PHYSICIAN
OR CORONER

Primary	Tubercular Phthisis		How long	Don't know
Immediate	Cancer		How long	Same
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			Salisbury Md	
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Irllie Talbey* Town *Salisbury* County *Wicomico* MARYLAND

Died at *Salisbury* Month *Sept* Day *7* Age *40* Years Months Days

Date of death *1909* Sex *Female* Color or Race *Black* Birth-place *Maryland*

Occupation *Housework* Where Residing if not at place of death *Home Md*

Married, Single or Widowed *Single* Name of Wife or Husband *Do not know*

Father's Name *Do not know* Father's Birthplace *Unknown*

Mother's Maiden Name *Do not know* Mother's Birthplace *Unknown*

Name of person giving Information *all they knew at [unclear]* How related to deceased *[unclear]*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

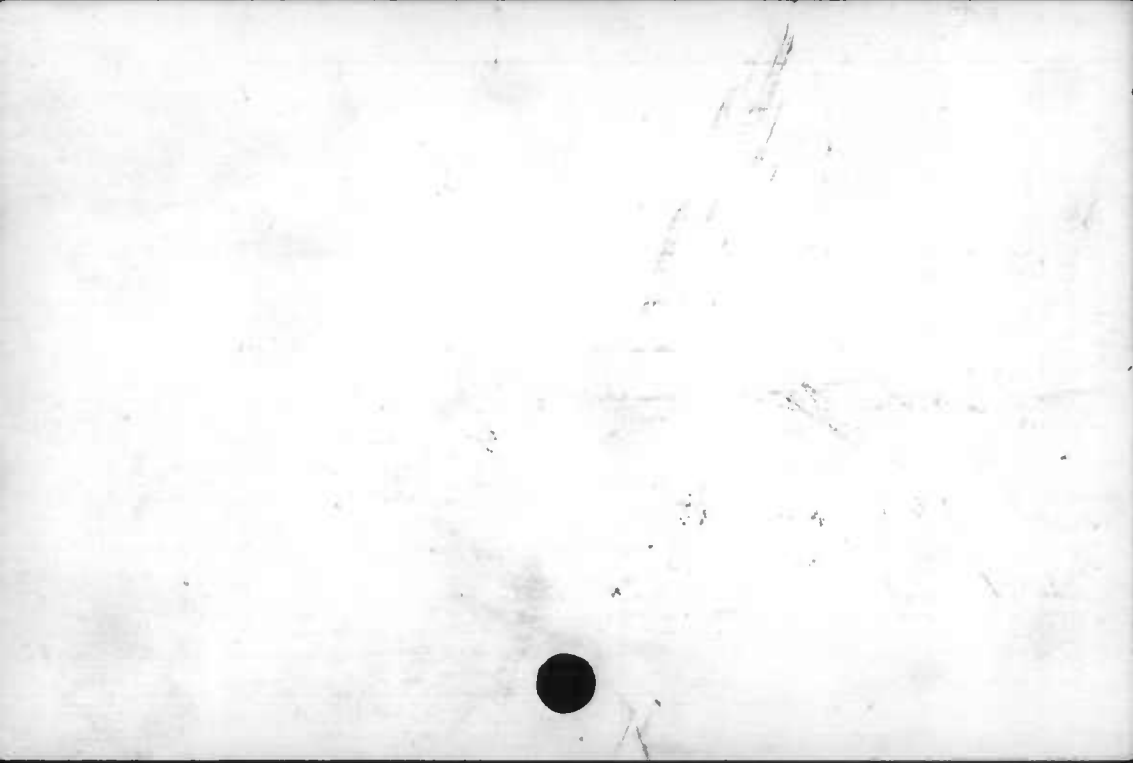
Primary *Uterine Cancer* How long *about 1 year*

Immediate *Stomach following hysterectomy* How long *4 hours*

Are the name, age, sex, color, date and place correctly given above? *So far as I know*

Signature of Physician *[Signature]* Address *Salisbury Md*

Accident or Suicide *No*



Name
in Full

Viola Timmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>P. G. Hospital Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1909	Month	Sept.	Day	23	Age	8
Sex	Female	Color or Race	White	Months	9	Days	26
Occupation	School Girl	Birth-place	Sussex Co. Del.	Where Residing if not at place of death <i>Near Millsboro Del.</i>			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	William W. Timmons			Father's Birthplace	Sussex Co. Del.		
Mother's Maiden Name	Annie B. Matthews			Mother's Birthplace	" " "		
Name of person giving Information	William W. Timmons			How related to deceased	Father		

CAUSES OF DEATH

118



PHYSICIAN
OR CORONER

Primary	<i>Perforated appendicitis</i>	How long	<i>10 days</i>
Immediate	<i>General peritonitis</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>as I know</i>		<i>J. M. D.</i>	
Address		<i>Salisbury, Md</i>	
Accident or Suicide		<i>No</i>	



Name
In Full

CERTIFICATE OF DEATH

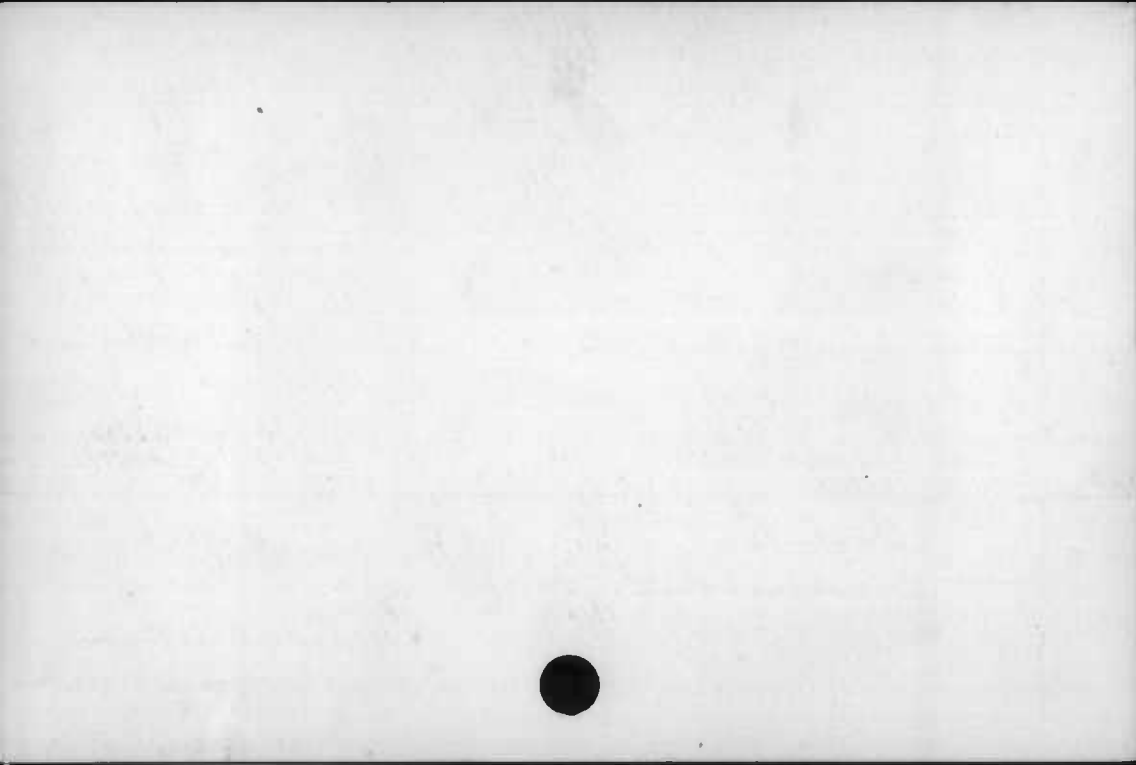
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Mardela</i>		Town <i>Wicomico</i>		County	
Date of death <i>1909</i>		Month <i>Sept</i>		Day <i>10th</i>	
Age <i>70</i>		Years		Months	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Martha A Venables</i>			
Father's Name <i>Unknown</i>		Father's Birthplace			
Mother's Maiden Name <i>Cathrene Venables</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Wm Venables</i>		How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Bowels</i>	How long <i>8-30</i>
Immediate <i>Cardiac Failure</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>[Signature]</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Arthur J. Wilkerson
Town *Salisbury* County *Wicomico* MARYLAND
Died at
Date of death 190 *9* *Sept* 1
Month *1* Day *1* Age *9* Years Months *6* Days *24*
Sex *male* Color or Race *White* Birth-place *Md*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *Robert J. Wilkerson* Father's Birthplace *Md*
Mother's Maiden Name *Minnie E. Calhoun* Mother's Birthplace *Md*
Name of person giving information *Robert J. Wilkerson* How related to deceased *Father*
CAUSES OF DEATH *14* ✓

PHYSICIAN
OR CORONER

Primary *Dysentery* How long *6 weeks.*
Immediate *Exhaustion* How long _____
Are the name, age, sex, color, data and place correctly given above? *yes* Signature of Physician *E. B. Potter*
Address *Salisbury Md.*
Accident or Suicide *9*

